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**OFFICIAL****FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
Technology Center 1745	Tracy M. Heims
COMPANY:	DATE:
U.S. Patent & Trademark Office	8/12/2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(703) 872-9306	32
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
(571) 272-1289	001-03-033
RE:	YOUR REFERENCE NUMBER:
Request for Reconsideration	SN: 09/807,214

URGENT     FOR REVIEW     PLEASE COMMENT     PLEASE REPLY     PLEASE FILE

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Please direct any questions concerning this application to Tracy M Heims at the phone number listed above.

Sincerely,

Tracy M Heims

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/807,214
		Filing Date	04/11/2001
		First Named Inventor	Takaya Sato
		Art Unit	1745
		Examiner Name	Julian A Mercado
Total Number of Pages in This Submission	31	Attorney Docket Number	0001-03-033

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Declaration by Applicant and copies of references</b>	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Remarks	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Apex Juris, plc Tracy M Helms
Signature	
Date	08/12/2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Tracy M Helms	
Signature		Date 08/12/2004

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In re Application of:

Sato

Atty Docket #: 001-03-033

Serial Number: 09/807,214

Group Art Unit: 1745

Filed: June 1, 2001

Examiner: Julian A. Mercado

Title: ELECTRODE STRUCTURE, ELECTRIC COMPONENTS AND  
MANUFACTURING METHOD

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## RECONSIDERATION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

August 12, 2004

Sir:

In response to the Official Action of May 13, 2004, please reconsider the application in light of the following amendment and remarks. Applicant believes no extension of responsive term is necessary. However, should there be any deficiencies or need for further extension, application hereby petitions for any necessary extension and authorizes the Director to charge applicant's charge account 50-2069.